EF-237-R04-0518-15000403-1 BOE-237 REV. 04 (05-18)

EXEMPTION OF LOW-INCOME TRIBAL HOUSING

To receive the full exemption, this claim must be filed with the Assessor by February 15.



Laura Avila Kern County Assessor and Recorder Exemptions Division 1115 Truxtun Ave Bakersfield, CA 93301-4639 (661) 868-3485

State of California, County of			
(name of person making claim)	,		
who is filing this claim as, or on behalf of, the herein, states:	(tribe or tribally designated housing, owner and/or entity)	of the property described	
1. That as			
	(officer)		
2. of the	(name of tribe or tribally designated housing entity)		
3. the mailing address of which is	(give complete mailing address)	ZIP	
4. the location of the property for which exemption is	claimed is		
(give con	plete address)	ZIP	
5. That this claim for exemption is made for the 20	20 fiscal year on the leased	property described above.	
6. That at least 30% of the housing are used for renta in section 50079.5 of the Health and Safety Code charged do not exceed the limits provided in sectio assistance agreements. An affidavit by the claiman The exemption cannot be allowed without the inco	or applicable federal, state, or local fina n 50053 of the Health and Safety Code c t affirming that the tenants' incomes and r	ncial assistance agreements and the rents or applicable federal, state, or local financia	
7. That the property is owned and operated by an	owner operator ow	ner/operator	
[] a federally recognized tribe (documentation re	equired for first time filers)		
 a tribally designated housing entity (document inure to the benefit of any private shareholder 		nonprofit and no part of those net earnings	
8. That there is a deed restriction, agreement, or ot occupied by or held for occupancy by qualifying lo		that at least 30% of the housing units are	
9. BOE-237-A, Supplemental Affidavit for BOE-237, I under the provisions of sections 251 and 254 of the filing BOE-237, Exemption of Low-Income Tribal H	e Revenue and Taxation Code for those t		
FOR ASSESSOR'S USE ONLY		Whom should we contact during normal business hours for additional information?	
Received by	NAME		
of(county or city)	ADDRESS (street, city, state, zip code	ADDRESS (street, city, state, zip code)	
on			
()	DAYTIME PHONE NUMBER	EMAIL ADDRESS	
	()		
	CERTIFICATION		
I certify (or declare) under penalty of perjury under	the laws of the State of California that t	he foregoing and all information hereon,	
including any accompanying statements or doc			
SIGNATURE OF PERSON MAKING CLAIM	TITLE	DATE	

THIS EXEMPTION CLAIM IS A PUBLIC RECORD AND IS SUBJECT TO PUBLIC INSPECTION.